



Office of General Services  
Office of Business Diversity

Design and Construction  
AN ISO 9001:2015 CERTIFIED ORGANIZATION

Office of Business Diversity, 29<sup>th</sup> Floor, Corning Tower  
The Governor Nelson A. Rockefeller Empire State Plaza  
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CONTRACTOR'S SDVOB UTILIZATION PLAN

☐ Revised Plan

Contract No.: **45957P**

Making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward SDVOB utilization.

Submit completed responses to [DCSDVOB@ogs.ny.gov](mailto:DCSDVOB@ogs.ny.gov)

Contractor's Name, Address and Federal ID No.: <b>Tri-Valley Plumbing &amp; Heating, Inc.</b> <b>2617 Hamburg St.</b> <b>Schenectady, NY 12303</b>  Federal ID No.: <b>85-2420736</b>	Contract Description/Location: <b>Renovate 41<sup>st</sup> Floor CNARESP</b> <b>Corning Tower Empire State Plaza</b>	Date Proposal Approved: <b>5-22-23</b>	Date Printed:	Bid Date: <b>5-3-23</b>	SDVOB GOAL  <b>3%</b>
	Work/Job Order:	OGS Project Number: <b>45957P</b>	Work Order Value:	Contract Amount: <b>353,100.00</b>	
Certified SDVOB Name, Address and Phone No.	Description of Subcontracting/Supplies	Anticipated performance/purchase date(s)	Dollar Value of Subcontract/Supplies	SEE BDC 328.1S	
<b>Monaghan Mechanical &amp; Technical Resources Corp</b> <b>8 Laurel St. Holbrook, NY 11741</b>  Federal ID No.: <b>85-2420736</b> <b>Confirmed</b>	<b>Black Pipe, fittings for sprinkler work</b>		<b>10620.56</b>	<b>FOR OGS USE ONLY</b>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	
Federal ID No.:					
Federal ID No.:					
Federal ID No.:					

Pursuant to Executive Law Article 17-B, my firm will engage in a good faith effort to achieve the SDVOB goals on this contract.		Contractor's Comments:	
Contractor's Signature: 		<b>FOR OGS USE ONLY</b> <input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Accepted as Noted <input type="checkbox"/> Notice of Deficiency Issued SDVOB % _____ \$ _____ OGS Authorized Signature:       Enter Name: <b>Shafia Booker</b> Date: <b>5/23/2023</b>	
Enter Name: <b>Patricia Mattice</b>			
Title: <b>Secretary</b>			
E-Mail Address: <b>Tmattice@tvphinc.com</b> Date: <b>5-22-23</b>			